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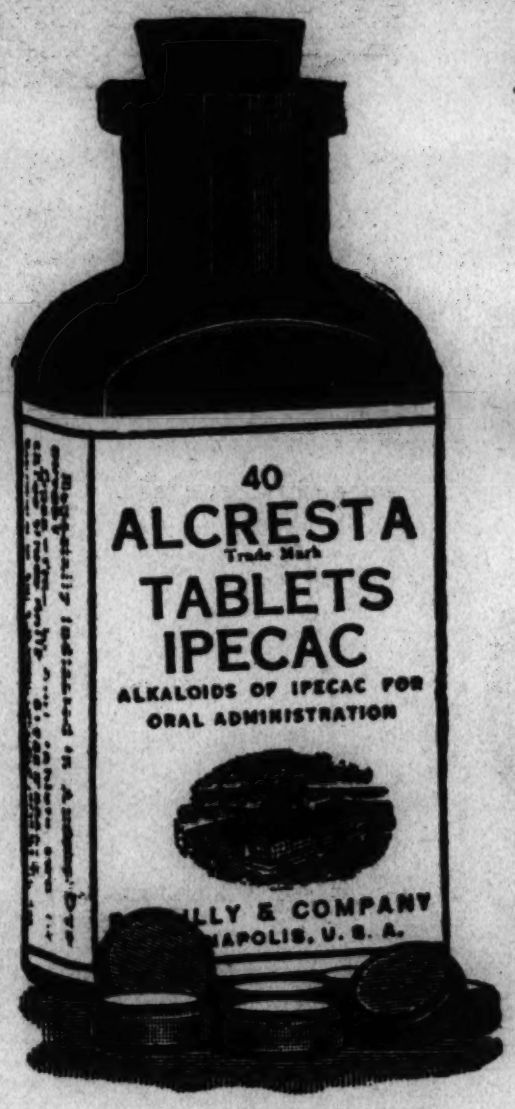

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From a Loggia Overlooking the Prado, San Diego

The California Eclectic Medical Journal

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Original Contributions

MALPOSITIONS OF THE UTERUS.

Dr. Orah Allen, Los Angeles.

(Read before The Los Angeles Eclectic Medical Society.)

One of the best authorities on Gynecology defines this condition as a displacement of the uterus, in which there is but a slight change in its axis. This seems to me as only relative, for in a badly retroverted uterus the fundus must describe a quarter of an arc in being replaced to normal.

The dislocations may be forward, backward or lateral. They may be acute conditions, but are more frequently chronic, and the organ is more or less fixed in the abnormal position.

Diagnosis of the situation of the uterus can be made by bimanual examination in which the fixed position and the abnormal location can be determined. The use of the uterine sound is an advantage in diagnosis, but is attended with danger of infection unless strict asepsis is employed. Bimanual examination per rectum may also aid in diagnosis.

Any abnormal condition which increases the weight of the uterus increases the tendency to its antedisplacements as well as the retrodisplacements.

Foremost among the causes are metritis subinvolution of the uterus; pelvic cellulitis occurring in the posterior portion, or in the uterosacral ligaments, fibroids in the fundus or ovarian growths. It may be the result of congenital conditions.

The antepositions do not cause as serious symptoms as the retropositions, in fact the anteversions present no characteristic symptoms, only those associated with the complications by which it is produced. There may be frequent micturition and pressure on the bladder.

To anteflexion is frequently attributed sterility and dysmenorrhea, but these conditions are perhaps never present unless it is complicated by inflammation which affects the cervical canal.

The retropositions cause dragging on the ovaries and tubes which produces plenty of symptoms. Sensation of weight in the pelvis, menorrhagia, profuse leucorrhea, dragging sensations, pressure on the rectum which may interfere with its circulation and develop hemorrhoids, constipation, etc.

Lateral version, either dextra or sinistra, may follow the removal of one ovary, a unilateral inflammation of the broad ligament or may be caused by pressure of a tumor. The symptoms are not marked.

Prognosis of displacements depends upon their degree and upon the complications. In the earlier stage when the symptoms arise from increased weight of the organ, the correction of the position and maintaining it in its normal location will be sufficient to bring relief, but after the displacement has existed for some time and inflammatory changes occur the prognosis is not as good and the treatment becomes more complicated and often surgical.

Treatment of malpositions varies greatly because of the complications which accompany or rather cause them. It should be hygienic, constitutional and local. The patient should be suitably dressed, that is, the weight of her skirts should be supported from the shoulders, and she should not wear clothing that constricts the waist, thus causing the intestines to crowd down upon the pelvic organs.

Under medicinal treatment come the tonic remedies and those that are indicated in relaxed tissues as hydrastis, helonias. Those used in menstrual disorders as aletris, pulsatilla, macrotys, black haw, gossypium and caulophyllum.

Douches of potassium permanganate or of bichloride followed by saline or boric acid solutions are used in treatment of some of the symptoms. Astringents may be needed in douches.

Tampons are used as supports to the heavy fundus or as a method of applying medication to the cervix. They maintain the uterus at a higher level, which favors a better circulation. This aids in absorption of exudate, etc.

Electricity has a value which cannot be denied in the treatment of pelvic diseases. High frequency is used with success in dysmenorrhea. The most beneficial results of the sinusoidal current are seen in the absorption of pelvic exudates in chronic pelvic inflammations. While the infantile type of uterus is not classed among malpositions, it can be mentioned in connection with electrical treatment for excellent results are obtained by the use of electricity in the case or under-development.

Pelvic massage is another valuable method of treating malpositions. It is spoken of often in Montgomery's Gynecology, in

which he cites many cases that were under his supervision in the Munich clinics. Pelvic massage is always contraindicated in the presence of pus formation whether it is in the tubes, in the pelvic tissues, or, in fact, anywhere in the pelvis.

It is indicated in subacute and chronic inflammations of the pelvic organs (unassociated with pus formation), in malpositions that have become fixed by inflammatory adhesions, in subinvolution and in hypertrophy of the uterus from chronic interstitial inflammation.

The procedure is of value in promoting drainage, in facilitating metabolism and in reducing the size of the uterus. The latter is done by aiding absorption of inflammatory exudate within its walls. The circulation of the entire pelvis as well as the uterus tself can be improved by judicious and careful pelvic massage. Adhesions that are not too firm or of too long duration can be stretched and loosened.

Edgar mentions pelvic massage in his treatment for subinvolution. The treatments should not last long, from three (3) to ten (10) minutes being sufficient.

Massage may be supplemented by the use of tampons, the value of which has been mentioned before.

Surgery is often employed in the treatment of malpositions, the retropositions being more truly surgical than the anteposition. Montgomery describes some twenty-five (25) different operations or modifications of similar operations for displacements of the uterus.

In anteflexion the sharp curette is used. Part of the endometrium removed, the uterus straightened up and a hard rubber pessary put in and left for ten (10) days.

In retropositions the ventral fixation or ventral suspension operations, also those in which the round ligament is shortened are used. Of these the Howard-Kelly operation is perhaps best. The object in this one is to develop an additional ligament. The fundus is brought up to the anterior abdominal wall and the adhesions between the perineal surfaces will gradually develop into a ligament from one-half (½) to an inch and a half (1½) in length.

Treatment of malpositions also varies according to the age of the patient. After the menopause treatment is often only palliative due to the relaxed conditions of the tissues.

PISCIDIA ERYTHRINA.

Herbert T. Webster, M. D., Oakland, Cal.

Sometime in the late seventies this medicine was introduced to the medical profession as a new remedy by Parke, Davis &

Co., in a publication issued by that firm at Detroit under the name "New Remedies." It—the remedy—attracted considerable attention at the time of its introduction, and has had considerable use since, though it is not liable to ever become any great favorite with the profession at large.

History often repeats itself. This is so as regards Jamaica dogwood. In Beach's "Materia Medica" we find this remedy mentioned, and considerable information as to its therapeutic action imparted. I will quote what is there printed germane to its therapeutic action:

"Dr. Hamilton, during a visit to the Antilles, was struck with the powerfully narcotic effects produced on fish by the bark of the root of this tree. Inferring that it might be useful as a medicine, he prepared a tincture made by macerating the bark of the roots, gathered during the period of inflorescence and before the appearance of the leaves, in four times its weight by measure of rectified spirit for twenty-four hours and filtering. He took, when much afflicted with toothache, a dram measure of this mixture in a tumblerful of cold water, drank it off and watched its effects, which were markedly anodyne and hypnotic, and on awaking from sleep his pain had wholly disappeared. He subsequently used it as a topical application to carious teeth, introducing it on a dossil of cotton into the diseased cavity; and after a single application he never heard of a return of pain in that tooth."

This report suggests a selective action upon the fifth pair of nerves; and later investigators developed its virtues in tic douloureux and other forms of facial pain, as well as in toothache. Neuralgic states in other parts of the body were also found to be much benefited by it, though not as markedly as pain in the branches of the facial nerve. This placed it in the same class with piper methysticum and plantago major.

Another valuable place for it was found to be in headaches, of which its most valuable place for exhibition was migraine. Sick headache is often benefited by this remedy, though where vomiting is persistent it is sometimes difficult to retain the remedy long enough to get the desired effect. In these days of hypodermic medication, however, we may use a proper form of the drug in such a way that its therapeutic action may be derived without the aid of the stomach. The form of migraine which depends upon orificial irritation, however, offers a more permanent and satisfactory cure through surgical means.

Jamaica dogwood is now hardly employed so frequently as in the first years after its later introduction. Other remedies

have seemed to throw it into the shade and it has been largely forgotten.

The late Dr. John Fearn thought a great deal of it, and at one time used it in his practice upon frequent occasions. In one of his articles he extolled it in tic douloureux, and in neuralgia of the kidney, simulating the pain of renal colic. Dr. Kent O. Foltz found it of value in neuralgia of the eyeball; preferable in its action to that of opium, especially where that drug was not well borne; though he had little use for it in pain of the middle ear.

Its general soothing effect upon the system is something akin to that of pulsatilla and passiflora, though it does not control mental perturbation like pulsatilla; nor, perhaps, all forms of nervous tension as well as passiflora; but it is a more pronounced hypnotic than either, and will therefore be preferred in many instances of nervousness with painful complication. In some cases of hysteria, where more or less pain is present, it is often very useful, though of course only temporary in action.

I have found some benefit from this remedy in dysmenorrhea. Some such cases are difficult, though pulsatilla is the classical remedy; but I have seen some cases where piscidia proved better than any other remedy tried.

It is a good idea to look over "has beens" occasionally for fear we drift away from things that are really worth preserving. Unless Eclectic medicine becomes disembodied, it needs all its well established therapeutics and much more to shine in the future as well as in the past.

The Homeopaths, who are usually very industrious searchers after therapeutic facts, have given this agent little or no notice. Hale, who raked Eclectic therapeutics pretty well over to supply his "New Remedies" with material, neglected to mention it, and I find it in none of the Homeopathic works in my possession. It has not been so much neglected by old school authors, however. Shoemaker, in his "Materia Medica," gives it quite a prominent notice, and suggests some uses which it may be worth while to observe. He notes, as follows:

"Jamaica dogwood, in hemorrhoids, has been successfully used locally in conjunction with the acetate of lead. A cloth saturated with the fluid extract has been found efficient in superficial burns and scalds. Flagg states that the fluid extract of Jamaica dogwood has been found to possess decided value as a local and systemic analgesic. In general practice this combination of effect is frequently desirable, and in dental practice it will be found especially desirable in treatment of periodontitis,

alveolar abscess, pulp irritation, and other painful conditions within the oral cavity; as topical applications, with directions to swallow the saliva, promptly induce relief. Internally, Jamaica dogwood allays pain, relaxes spasm, quiets reflex excitability and promotes sleep. It is consequently well adapted to act as a substitute for opium, especially when, as is not infrequently the case, the latter drug is not well borne. In the various forms of neuralgia, including sciatica, piscidia has proved of value. Gastroenteralgia, consequent to typhoid fever, has been notably relieved by it. In the lancinating pains of locomotor ataxia it has, however, proved inefficient. In pelvic neuralgia, the pain produced by fibroma of the uterus, and in dysmenorrhea, piscidia has been found of much service."

Ellingwood, in his "Materia Medica," furnishes us with several timely hints as to a wider application of the drug. He suggests a particular application of the agent to insomnia due to nervous excitement, mental anxiety, worry or anxiety, and in elderly patients, neurasthenics and children. He commends it in inflammatory states, and to promote sleep in inflammatory rheumatism. He further states that it produces relief in spasmodic cough, and relieves the irritation in bronchitis, thus controlling the cough to great extent, and also the cough of phthisis.

It has been commended by some to control false pains of approaching labor, while it steadies and obtunds normal labor pains, rendering parturition more speedy and less excruciating. The accoucheur will often find this agent a worthy resort.

PLACENTA PREVIA.

C. M. Chandler, M. D., Salt Lake City, Utah.

That the placenta may be found over the os uteri was known since Hipprocrates' time, but it was believed to have prolapsed from its normal fundal insertion.

Today we know that it may attach itself to any portion of the uterus, the most common site being the posterior wall, next the anterior wall, then the sides, and then the lower uterine segment; the fundal insertion being the most rare.

Placenta previa is the development of the placenta in part, or wholly within the zone of uterine dilatation, and it is said to occur ten times more frequently in multiparae than in primiparae and in general once in a thousand cases, although figures by different authors vary greatly. Low insertion increases with multiparity and age. Central placenta previa occurs in less than one-fifth of the cases.

Predisposing causes are chronic endometritis, subinvolution and multiparity.

It is not known, except theoretically, how the placenta grows over the internal os, and this question has given rise to much discussion.

Hemorrhage is the first and most constant symptom, occurring in the last three months of pregnancy. The origin of the hemorrhage being from both the placenta and the placental site.

In central insertion of the placenta, the bleeding occurs earlier than in the other varieties, but exceptions are noted. In my own practice one such case went to full term with no loss of blood, as have a number marginal cases, including a twin pregnancy with two placenta.

When the implantation is central the pains are weak, and are therefore unfavorable.

Placenta previa affects the course of pregnancy and premature labor is common, and postpartum hemmorhage frequent.

During the puerperium the patient requires careful watching; bits of placenta may remain adherent and become infected or coagula clinging to the cervical walls may decompose, and the close proximity of the placental site to the septic vagina may give rise to a general infection.

Placenta previa statistics show a mortality of from 5 to 19 per cent., and 48 to 55 per cent. for the mothers and children respectively.

Diagnosis: A painless, causeless hemorrhage or hemorrhages in the last three months of pregnancy will enable us to diagnose placenta previa, but should be verified by a vaginal examination, made under strictly aseptic conditions and with the utmost gentleness to avoid further separating or tearing the placenta.

Patient should, when possible, be removed to a maternity hospital, where conveniences and trained assistance may be had.

If there be as much as two fingers dilatation the membranes should be ruptured and the conical rubber dilating bag inserted, care being taken to place it upon and not under the placenta. It may then be filled with a .05 per cent. lysol solution with a bulb syringe, and light traction applied to the tube of the bag.

The resulting pressure controls the hemorrhage and stimulates regular and increasing strength of plains, forcing the head downward and its pressure takes the place of the dilating bag. If the head should not descend version should be done, and a foot be brought down, thus plugging the os with the child's body

and labor be permitted to progress without assistance until the lower uterine segment be fully dilated, efforts to hasten the delivery being liable to lacerate the cervix, producing serious or fatal hemorrhage.

If the patient be a primipara, and the os closed or nearly so, or if the placenta completely cover the os, Cesarean Section should be performed. This latter course is advocated for all cases by some, but is not recommended by many of our foremost obstetricians.

In connection with this paper I would like to report an odd case of placenta pervia which occurred in my practice.

A lady, the mother of four children, telephoned me about 2 a. m. that she was in labor, and I was at her bedside a half hour later. She was blanched, pulse weak and rapid, complained of great and continuos pressure through the abdomen, said that after telephoning me she had fainted. There was no visible evidence of hemorrhage, and I was at a loss to account for her condition. A digital examination showed about two fingers dilation of the os, and, because of her distress, I assisted in the completion of the dilitation and ruptured the membranes, with but slight relief of the pressure symptoms; labor, however, advanced rapidly, and soon a well developed child was delivered, although the mother had distinctly felt movement after telephoning me.

While awaiting uterine contractions I did artificial respiration on the child, without avail. Within a few moments the placenta and two large slugs of blood, coagulated evidently under pressure, were expelled. It was evident that there had been a placenta previa lateralis, the uterine contractions, loosning the placental attachments, had permitted the hemorrhage behind the placenta before the rupture of the membranes.

Fearing more loss of blood the fundus of uterus was held firmly in the hand, in spite of which, a few moments later and without relaxation of the uterine body, the floodgates opened wide, which left the woman almost in a state of collapse. Normal salt solution was given subcutaneously and by bowel, with good results. The patient made a complete recovery and has had a normal pregnancy and labor since that time.

"COLORLESS IODINE"

John Uri Lloyd, Phar. M., Cincinnati, Ohio

(Written in 1880)

We often hear it said that solution of carbolic acid or ammonia water, or solution of hyposulphite of sodium will "decolorize iodine." This is a mistake, for often such bodies are mixed with tincture of iodine and the mixture has become colorless, the iodine is in combination. Such solutions are **not** solutions of iodine, but solutions of compounds of iodine. We might as well say that solution of iodide of potassium is a "colorless tincture of iodine" as to say that tincture of iodine rendered colorless with ammonia water (iodide and iodate of ammonium being formed) is a colorless tincture of iodine. Remember that I am not arguing against the value of these mixtures in medicine, but against the expression **colorless iodine** where there is no uncombined element iodine that can be detected by the most delicate chemical test. It is to be regretted that so many excellent physicians use the term, and especially as it is applied indiscriminately to several mixtures of very different compositions.

The recommendations in favor of colorless iodine solutions are that garments are not stained thereby. It will be well to bear in mind that a solution of hyposulphite of sodium will remove at once the stain of iodine from either the skin or a garment.

The worst enemies we have to fight are those within us. And by the same token, there is no great victory as satisfying as a conquest of the evil within. To have the enemy all to ourselves, where we can get at him, fight him, jump on him and throw him out, gives us every satisfaction if we succeed at last. If we do not, we drift into the stream among the deadwood of nonentities whose service to the world does not pay for their keep.—David Starr Jordan.

We must learn to live,
Care-hardened at all points; not fair and sensitive,
But plated for defense; nay, furnished for attack,
With spikes at the due place, that neither front nor back
May suffer at that squeeze with Nature we find—life.
Are we not here to learn the good of peace through strife,
Of love through hate, and reach knowledge through ignorance?

—Robert Browning.

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A BLOOD PURIFIER—THE VERY LATEST

Many of our readers can recall the time when a class of remedies, called "blood purifiers" by the laity and "alteratives" by the profession, were in great demand. By the laity they were extensively used in the springtime and they could be likened in more ways than one to the regular spring house cleaning—an event which was considered to be a necessity and accepted as a misery in every well regulated household. By the profession alteratives were used in nearly all chronic diseases, and accepted as a necessity in the treatment of such diseases as scrofula, tuberculosis, syphilis, etc. I believe no one will dispute the statement that the treatment was both active and curative when the remedies used were confined to the so-called vegetable alteratives. They were supposed to act in some obscure manner upon the blood, purging it of its impurities, but this hazy theory did not lessen the efficacy of the treatment. Many efforts have been, and still continue to be made, to establish a more precise method of treatment in these chronic diseases, but the results so far have been practically nil except

to burden the profession with a crop of new theories and new remedies with each change of season. The latest theory is to withdraw a pint or more of blood from the patient, place this in a centrifuge and separate the red blood corpuscles. These are retained while the serum is discarded. The corpuscles are now mixed with Locke's solution—artificial serum—and returned to the patient's veins. The theory being that the disease was contained and confined within the patient's blood serum and this having been destroyed the patient must of necessity be well again. Our readers will at once recognize the ancient theory of venesection. The advantages claimed for this method over the old-time phlebotomy being that the red corpuscles are retained. The disadvantages are at once evident when we recall that an aseptic technic is absolutely required—in fact, it is a major operation, and a difficult one at that. It is worthy of note that the originators of this method naively remark that as yet it has not been tried on human beings. Apparently it has not occurred to these scientists that, so far as the patient is concerned, identical results could be obtained by giving a brisk dose of sulphate of magnesia, followed by two or three glasses of cold water. However, this method is quite too simple to allow of a living wage for the hard-working doctor, and we suggest as a substitute that Locke's solution could be used subcutaneously after the "salts" had done its work. A method which calls for a sufficiently aseptic technic to satisfy the ordinary doctor.

All of the above information may be found in the public press where due prominence is given for this wonderful discovery to Drs. Abel, Rowntree and Turner, all of the Johns Hopkins Medical School.

CONCERNING THE DIAGNOSIS.

Waugh (Southern Practitioner) does not favor waiting for the diagnosis until a laboratory test can be made to determine it, but favors prescribing for indicating symptoms without delay.

While condemning both Regularism and Homeopathy he has this to say of Eclectics:

"The Eclectics do better. They study the patient and recognize the disorder; that is, the departure from the physiologic balance of the vital functions; and they apply the remedy that will correct the derangement and restore the balance. Quite justly they claim that a remedy that removes the symptoms may be assumed to cure the disease—else why should it remove the symptoms? The great value of this method is that it compels the doctor to study his patient closely, and to know his physiology. In

that it is superior to the methods of the man who knows his test tubes and sections, and nothing else. There is no source of knowledge to the doctor worth nearly as much as the study of the patient. All we get from the world of general information is general; the case demands individual knowledge. We may know much of the bacteria and their operations in general—the patient and the doctor are especially interested in the bacteria at work in this particular case and the reactions of this particular individual with them."

Still dwelling upon the plan of prescribing for indicating symptoms, he continues: "Study your case deeply; be prepared to make and defend your diagnosis by every means known to the profession, so that your record may pass unquestioned before any society in the world; but meanwhile—the first symptom needing attention is usually pain. It is so easy to shoot morphine in that it is apt to become a habit to pull out the hypo before the patient is through with the tale of woe. A very bad habit, too. If the pain is due to strangulation, morphine is a peril—the obstruction must be relieved before death of the strangulated tissues takes place. Only inflammatory pains are best eased by thebaics. Neural pangs subside better under atropine, or still better, hyoscine. Acute myalgias respond promptly to ammonium chloride in scruple doses every eight hours for two days. Many subacute pains fall before iodides. Rheumatic suffering is quelled by salicyl. Many potent derivatives stop gastric cramps quicker than opiates. Glonoin unlocks anginas; spasm relaxes under hyoscine; the agonies of severe gastric acidity give way to large doses of soda, or to brown iodide of lime; gallstones are best assuaged by morphine with hyoscine, followed by a few drops of chloroform—quicker, better and far safer than morphine alone, which has caused many deaths. The traid combination of glonoin, hyoscyamine and strychnine relieves more different knids of pain than any other single or compound amalgesant known.

"In the great majority of cases the first indication is to empty the stomach and bowels. The old practice of an emetic and a brisk cathartic had much to justify it. One illustration—an emetic brought up a lot of cantaloupe rind and decomposed bologna, that our laboratory friends might have been months in diagnosing(?) and solved the etiologic problem while it cured the baby. Whether an emetic is indicated or not, catharsis always is; there is no known malady that is not bettered by removing from its symptom complex all that is due to fecal toxins in the blood. Subtract this, and France stands without Russian or

English support. The method does not so much matter—each of us has our favorite. Mine is a centigram of calomel and half that much podophyllotoxin every half hour for seven doses, followed by a saline in full dose. Quite often a copious colonic flushing is also needed. Flushing the sewers and eliminating toxins is like kissing a pretty girl—one can't overdo it. Ages before we even suspected that toxemia was the chief peril in many maladies, we knew the favorable influence exerted over the course of disease by purgation.

"In just one affection is purgation formally contraindicated—Asiatic cholera. Here the slightest attempt at acting on the bowels is fatal, even by that innocent friend of infancy, castor oil. This is one of the very few points in practical therapeutics that has been permanently settled.

("To this should be added *peritoneal infection,* whether from the appendix or other sources.—Ed. S. P.)

"The elimination by the kidneys must also be scrutinized and maintained at full rate. Especially the elimination of solids is essential to the continuation of life. Discrimination is needed in the selection of diuretics. Juniper is dangerous, as an overdose may stop renal secretions completely. The digitalis tonic principles are only diuretic when the capillary circulation is relaxed, as in anasarca. If the arterioles are spasmodic and only a dribble of blood permitted to pass the renal artery, a dose of digitalis may pinch this off and fatal anuria result. Gelsemeine, digitorein, best of all veratrine, by relaxing vascular tension permit fuller blood supply and excretion. I think—clinically—the potash salts relax the renal capillaries and facilitate the excretion, at least of water, washing out some of the solids as well. Sparteine and caffeine seem to act by lessening the peripheral tension relatively to the force of the ventricle, so that the heart forces more blood through the renal capillary system. They certainly do not directly raise the force of the heart as digitalin does; yet they are truly diuretic.

"The study of the pulse is as valuable as it was before the invention of modern instruments of precision. The rate, force, rhythm, of the cardiae pulsations furnish invaluable data for our therapeutics. The forerunners of heart weakness may be detected in time to prevent failure. The sedatives, tonics, relaxants, contractors, stimulants, regulators of the circulation indicated by the pulse, are indicated by the malady causing the deviations from normal heart action. Whatever may cause a heart-beat of 140 per minute is bettered by reducing the beats to 100 or less. Even though the pulsations seem quite forcible, a

tendency to irregular wobbling foretells the coming exhaustion, and cries for a precautionary administration of digitalin.

"So also one need not wait for a disease name to treat a temperature above 106 F. or one of 96. We cool down the fever promptly, just as we would drag a drowning man out of the water and later ascertain how he came to be in it.

"Relax tension; quiet apprehension; quell fever; regulate the heart; enforce quiet; prescribe the requisite food and drink; use hot and cold water bags as may be indicated; and treat whatever symptoms seem most prominent, perilous or distressing.

"I have not mentioned hypnotics, because they are the most abused remedies in our abused materia medica. Scarcely a solitary indication for sleep-producers can be cited, if the obstacles that prevent sleep are removed—and none but a bungler would administer these medicaments without first doing this. Take the precautions suggested in using the chemic hypnotics—relieve the pain, secure quiet, balance the circulation, allay apprehension and other mental disquiet, and then give—oh! but if you have done all this, why give anything? You cannot by any known means prevent sleep if you have removed the obstacles.

"Add the local measures demanded by local conditions, and we have a clearly indicated plan of treatment that may be instituted immediately and carried out in any case that does not show need of specific treatment by a diagnosis self-evident from the start. Whatever the nature of the malady, as shown by subsequent investigation, and the history of the case as it unfolds, we are accomplishing by the above method all the good that treatment can afford, without running any risk of doing harm. We are saving invaluable time and getting in our work in that early stage when the malady is not as yet fixed, when material lesions have not been inflicted. It is the bucket of water at the start of the fire, instead of waiting until the conflagration is well under way, or even until the building is destroyed and the only thing left is reconstruction. And in too many instances the latter is all that the policy of watchful waiting, or, speaking in parlance medical, of expectancy, leaves us."—A. W. S. in The Eclectic Review.

A FACTOR OF POVERTY IN SANITATION

The factor of poverty in sanitary problems was discussed in Washington, Nov. 26, by Surgeon General William C. Gorgas, whose success in cleaning up Havana and the Panama canal zone has brought him recognition as America's leading sanitarian. His audience was the Clinical Society of Surgeons, assembled in their twenty-fourth annual meeting. Dr. Gorgas said, in part:

"Such sanitary work as is necessary in the tropics is inexpensive, but measures directed against special diseases are not the greatest good that can be accomplished by sanitation.

"Before these great results that we can all now see are possible for the sanitarian, we shall have to alleviate more or less the poverty at present existing in all civilized communities. Poverty is the greatest of all breeders of disease and the stone wall against which every sanitarian must finally impinge.

"During the last ten years of my sanitary work I have thought much on this subject. Of what practical measure could the modern sanitarian avail himself to alleviate the poverty of that class of our population which most needs sanitation? It is evident that this poverty is principally due to low wages; that low wages in modern communities are principally due to the fact that there are many more men competing for work than there are jobs to divide among these men. To alleviate this poverty two methods are possible, either a measure directed toward decreasing the number of men competing for jobs, or, on the other hand, measures directed toward increasing the number of jobs.

"The modern sanitarian can very easily decrease the number of men competing for jobs; if by next summer he should introduce infected stegomyia mosquitos at a dozen different places in the Southern United States, he could practically guarantee that when winter came we would have several millions less persons competing for jobs in the United States than we have at present. This has been the method that man has been subject to for the last six or seven thousand years, but it does not appeal to me, nor, I believe, to yourselves. This method is at present being tried on a huge scale by means of the great war in Europe. I do not think that I risk much in predicting that when this war is over and we shall have eliminated three or four millions of the most vigorous workers in Europe, wages will rise and for a long time no man will be unable anywhere in Europe to get a job at pretty fair wages.

"But I am sure that every sanitarian would much rather adopt measures looking toward the increase of jobs rather than, as we have done in the past, submit to measures that decrease the number of competitors for jobs.

"I recently heard one of the members of the Cabinet state that in the United States 55 per cent. of the arable land, for one reason or another, is being held out of use. Now, suppose in the United States we could put into effect some measure that would force this 55 per cent. of our arable land into use. The

effect at once would be to double the number of jobs. If the jobs were doubled in number wages would be doubly increased. The only way I can think of for forcing this unused land into use is a tax on land values.

"I therefore urge for your consideration, as the most important sanitary measure that can be at present devised, a tax on land values."

WHY SO MANY DOCTORS FAIL

The difficulties of the young physician in gaining a foothold in this community are attributed to numerous causes. It is well to contemplate the reasons attributed for the failure of many doctors as is done by Charles R. Gifford (Clinical Medicine, April, 1915).

The young man, after years of ambitious study to become a man of medicine, after getting his medical diploma, looks around for a location to practice, finally selects what he considers a promising one (and ten chances to one it is a place where there already are too many practitioners), and, obtaining his license to practice, secures an office and—waits for customers. The older doctors already established there, and who look upon the already crowded field as their own, naturally do not look upon the newcomer with favor.

To get a start, and being keen for business, yet, possibly, handicapped by limited capital, as most beginners are, the young or new doctor accepts every patient that comes his way, booking the larger part, if not practically all, of his charges for services, taking promises for cash and trusting to Providence. The patrons he usually gets are those who owe the other doctors, the slow-pay, promise-to-pay, no-pay, all the derelict elements of the community.

Because of his lack of experience and business training (and this has not been a part of medical school training—to the sorrow of the profession in general), the new man is not prepared to handle the business end of his profession as it should be. As the weeks and months pass and the amount of his book charges mounts up, he thinks he is doing a big business, getting along fine. He does not realize that some day there must be an accounting, an inventory taken, when his bank account, if he happens to have one, has struck a balance his cash is gone, while his credit in the community is slipping away.

During this period of watching and waiting and the accumulation of worthless book charges, this doctor's expenses

are going on, growing larger all the time; a fact which must eventually be met, yet to which he carelessly and fatuously gives but little thought. If he is married, with a growing family, there are to be considered the expenses of the home, with the unavoidable items, for rent, fuel, light, groceries, meats, clothing, and so on. He gets behind in the payment of his bills, while collections are bad, not enough cash coming in to meet expenses; collectors are running after him, credit has become shaky, so that finally his troubles and worries bring him to the verge of distraction.

What is the poor fellow to do? Up to this time, he has followed the straight line of honest, legitimate practice, to the best of his understanding of the code of ethics and the dictates of his conscience. Then the opportunity is offered him to break faith with his conscience and the precepts of the code—a chance to get the much needed money with which to pay his bills by doing something. Doing what? To perform an illegal operation, one that pays big money, usually. And he takes the gambler's chance.

This, the failure or the success of the doctor, analyzed, is a matter of cash, cold harsh cash! The larger percentage of doctors, after they have rendered the service and booked the charge and have waited and waited for the final fulfillment of fulsome promises given in lieu of payment, are afraid to demand what is due them, for fear of offending these patrons; procrastinately they hang on to the account, allowing it to grow older and older, while they themselves are on the verge of financial and professional ruin.

The doctor who looks closely and carefully after his collections, as he should, persistently following the people up until he gets his pay, not only is enabled to pay his own account promptly, but he can keep up a good appearance, provide himself with the best medical textbooks and medical journals, and from time to time increase his professional equipment, so as to keep abreast with the progress of medicine; all of which attracts the eye of observant people and inures to his benefit.

On the other hand, the doctor who does not do this, who, because of his stupid delusion, his ungrounded fear, neglects this important matter cannot make a success of his work, becomes slovenly, grouchy, incapable, and this also is noticed by his patrons and the general public, to his serious detriment, even more than the members of the profession are willing to believe.

It seriously behooves the medical practitioner to open his eyes and ears and to use his brains to reason, that he may know that he is constantly being watched, and very closely, by eyes that are more observing and critical as they are being opened to enlightenment, and being judged by minds more exacting, and that this critical attitude is causing a greater loss of confidence on the part of the lay public.

As undoubtedly it is a question of cash, the doctors should wake up to see the errors of their ways, to release themselves from the bondage of an apparent bankrupting code of ethics, to the extent of giving closer attention to their collections, the one chance to save themselves from financial and professional ruin, and to keep them out of the field of medical quackery, if not the criminal courts. If they have not the inclination, time or facilities to look after their collections themselves, they should secure the services of an outside agency.

—MEDICAL REVIEW OF REVIEWS.

ON FREAK HEALTH NOTIONS AND PSEUDO-NEURASTHENIA, AND THE RELATION THERETO OF CERTAIN FAKERS

"Man does not live by bread alone." Nor by the doctor, any more. He lives by the "principles" of the Buncombe School of "Health."

What are the principles of the buncombe school?

Well, they predicate that health depends upon the eating of uncooked food, vegetarianism, very frequent bowel movements, various systems of exercise—and of resting—certain rules regarding sexual "hygiene," odd methods of bathing, etc., etc., etc. Theories like that of Metchnikoff in relation to intestinal putrefaction, premature senility and the use of soured milk promptly win enthusiastic recognition and inclusion among the principles.

There is a curious buncombe device on the market consisting of a set of anal dilators. They are worn at night, beginning with the smallest and gradually working up to the largest, a fearsome thing to contemplate, and about the size of the "big stick." The theory is that good nervous tone depends upon the adequate daily dilatation of the sphincter. Where this does not occur, owing to relatively soft passages, neurasthenia results. What?

Another buncombe device is a syringe arrangement for washing out the colon. A theory is elaborated in the company's pamphlets to the effect that most illness is due to colonic retention, decomposition, absorption, etc. A post-mortem is described

in the course of which an enormously dilated colon was found, filled with old feces. The neurasthenic sits upon this device, turns a faucet or something, and rejoices in the knowledge that he has discovered the right thing at last. Of course he will use it only a week and then go back to somebody's hypophosphites.

These are the people who live largely at times—when the psychosis is upon them in very acute form—upon nuts and fruit.

Some of them wouldn't take a drink or smoke under any circumstances. Others, again, have read somewhere that an ounce or two of alcohol daily is a food and tobacco a nerve sedative, and govern their habits accordingly.

All of these people cherish dearly the theory that there is such a thing as perfect health and that it is attainable. But they never attain it, they are never quite well, and they think so much about their lost health and work so hard to regain it that they are always tired and grouchy, of course. When put to any trial, they fail if allowed time for introspection. Unexpected demands upon their stamina not infrequently find them wholly capable—but after the ordeal they are "all in" and have to go to Lakewood to rest.

Were it not for this rather large class, the osteopaths, chiropractics, etc., would have to go to work.

They possess some curious traits. They come with their own diagnoses, yet they have "puzzled" every physician they have ever consulted. There is an implied personal challenge to you to relieve them. They do not hear what you try to say to them. You are in the middle of a carefully thought-out suggestion when you are interrupted and asked what you think of Snooks, the neurologist, who failed dismally to afford the patient any relief. The fact is that the patient bitterly resents Snooks' blunt but rational suggestion that he "brace up and be a man." Snooks, you know, is not an ethical charlatan.

Give this type of patient a prescription and he will invariably ask: "What is this for?" There is a whole world of psychologic significance in that question.

Is it not the profession's honest dealing with these people that has sent them to the quacks—ethical charlatans included?

People like Elbert Hubbard have a lot to do with the furtherance of freak health notions. An exceedingly clever phrasemaker, he makes a strong appeal to the superficial thinker (or rather non-thinker). There is an element of truth in this flubdub which is as formalin to garbage. "The rottenest bank," said Oliver Wendell Holmes, "does business with a little good specie. It puts out a thousand promises to pay on the strength

of a single dollar, but the dollar is very commonly a good one. . . Common minds, after they have been baited with a real fact or two, will jump at the merest rag of a lie, or even at the bare hook.''

In the lucrative practical application of the freak notions look for the key that unlocks the foxy minds of your Hubbards. And don't believe for a moment that the Hubbards are self-deluded.

Praise the god of fortune, all ye Hubbards, Eddys, Stills, etc., for the believing multitude, composed as it is of ''women of both sexes'' and ''people who always get cheated in buying horses.''

Just the same, we are square enough to admit that the Hubbards, Eddys and Stills make thoughtful physicians see the beams that are in their own eyes.

The ''god of truth'' worshiped by Hubbard and his ilk and so frequently invoked by them is a counterfeit divinity. Lift his mask and you will find the lineaments of a fallen angel badly in need of a bath, a shave, a toothbrush and an antiparasiticide.—Critic and Guide.

It is a deplorable fact that spiritualists voluntarily object to being undeceived, and cherish toward scientists and others an actual animosity when they attempt to relieve them from the deception which is being imposed upon them.—John Tyndall.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. B. Baird, M. D., Los Angeles, Cal., president; H. Ford Scudder, M. D., Consolidated Realty Bldg., Los Angeles, secretary.

LOS ANGELES ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the Los Angeles Eclectic Medical Society was held January 4, 1916, at the offices of Drs. O. C. and Pina M. Welbourn, 819 Security Bldg. The meeting was called to order by the president pro-tem, Dr. A. P. Baird. The minutes of the previous meeting were read by the secretary pro-tem, Dr. H. Ford Scudder. The minutes were approved as read. The first thing in order was the report of the committee on Constitution and By-Laws, which was read by the chairman of the committee. The proposed Constitution and By-Laws was first read as an entirety and then each article was taken up and voted upon separately, several articles being amended and one additional article being added. Moved by Dr. Brown, seconded by Dr. Smith that the Constitution and By-Laws as amended and adopted separately be adopted as a whole. Carried.

The following officers were unanimously elected to serve for the ensuing year: Dr. A. P. Baird, president; Dr. Clinton Roath, vice-president; Dr. H. Ford Scudder, secretary-treasurer.

The president then appointed the Board of Censors, as follows: Drs. Herbert T. Cox, H. C. Smith, Clinton Roath, H. V. Brown, and O. C. Welbourn. The secretary was authorized to purchase the necessary stationery.

The paper of the evening was read by Dr. Orah K. Allen of Pasadena, entitled "Malpositions of the Uterus." This proved a very able paper and provoked a lively discussion.

Moved, seconded and carried to adourn and hold the next meeting at the residence of the president, Dr. A. P. Baird.

A. P. BAIRD, M. D. President.
H. FORD SCUDDER, M. D., Secy.

NEWS ITEMS

Dr. J. T. Plimell is located at Hornbrook, California, where he has been many years.

Dr. C. S. Clark, California Medical College, 1885, is located in Arroyo Grande, California, where he has been for many years.

Dr. E. L. Smythe, C. E. M. C., 1914, is located at Bremerton, Washington, where he has been appointed Health Officer, and also physician to the Order of Eagles.

Dr. J. R. Buckingham, Big Pine, reports a case of a little boy who ate about ninety grains of Phenophthaline. Mustard water did the work, with no harm except the incident wear and tear.

Dr. J. A. Sasso, graduate of C. E. M. C., 1915, has gone to Reno, Nevada, where he will open an office. Dr. Sasso received

his license at the last meeting of the Nevada Board of Medical Examiners.

Dr. W. B. McMakin, formerly of Washougal, Washington, has purchased the practice of Dr. A. E. Lupton of Camas, Washington, two miles from Washougal. The doctor will retain his Washougal office, but has moved his family and will make his home in Camas.

Dr. Augusta D'Angelis, C. E. M. C., 1913, was granted a license at the December meeting of the California Board of Medical Examiners.

Dr. F. W. West, C. E. M. C., 1915, was successful in passing the examinations at the December meeting of the California Medical Board.

FOR SALE—A physician in Imperial Valley desires to dispose of his practice. Cash collected last year was $3500.00. Expenses low. Will introduce successor and sell for an exceedingly small sum. Address, Care of California Eclectic Medical Journal.

We have had an earnest appeal from a prominent resident of Stockton, Cal., for an Eclectic to locate there. Formerly Dr. J. A. Bainbridge and Dr. Foley practiced there, but both are dead now, and no one has taken their places. There is no doubt but that one or two Eclectics would do splendidly in this location.

SPECIAL

WANTED—In order to complete two sets of the Eclectic Medical Journal, to present to friendly libraries, I desire the following numbers. Many physicians have these among their old copies and can help this worthy object. Until they are supplied I will remit double the subscription price. Let me hope that my friends will at once look over their old volumes:

1861—One copy each of January, February and April, and two copies each of May, July, August, September, October, November and December.

1863—One copy each of January, March, July, August, September and October.

1910—One, September.

JOHN URI LLOYD.

Cincinnati, January 1, 1916.

GOOD OPPORTUNITY FOR ECLECTIC PHYSICIAN

Owing to the death of my husband, Dr. J. M. Wells, I desire to sell my property to an Eclectic physician. The nearest one is now eighteen miles distant from Vanceburg. As Dr. Wells practiced here for thirty-six years, the people are well inclined to Eclectic treatment. For further particulars address

MRS. J. M. WELLS, Vanceburg, Ky.

1885 **1915**

Concerning Echinacea.

WHAT IS ECHINACEA? A plant, native to western North America.

WHAT IS THE THERAPEUTIC STANDING OF ECHINACEA? In the opinion of renowned **laboratory** experts who standardize remedies according to physiological processes, **Echinacea has no value.** (See Lloyd Brothers' Winter Bulletin, 1915, page 13.) In the opinion of physicians who use remedial agents **clinically,** and who employ it in disease treatment, **Echinacea is of exceeding value.** (See Lloyd Brothers' Winter Bulletin, pp. 11 and 12).

WHAT PHYSIOLOGICAL OR POISONOUS QUALITIES HAS ECHINACEA? It has never been known to kill a creature on the operating table, be it reptile, amphibian or other animal. It seems inactive, physiologically. No chemist has reported that he has obtained from it a toxic agent, or any substance destructive to health. Thirty-eight years' continuous use of Echinacea by physicians in active practice, without a single report of injury or death, proves that **it has no unkind action.**

WHO INTRODUCED ECHINACEA? It was first used by the American Indians, next by the early white settlers, then it became a constituent of a home remedy in Nebraska. At last it came to the attention of Dr. John King, who after special investigation, introduced it under its true name to the medical and pharmaceutical professions.

WHO WAS DR. JOHN KING? A physician of unusual talent and education, a believer in conservative medication, an author of international reputation, an American citizen who opposed wrong, however high the authority, and who supported the right, regardless of self-interest. A believer was he in kindness to the sick, a disbeliever in cruelty, to either sick or well, brute or human. The best versed physician of his day in the clinical uses of American drugs, Dr. John King was acknowledged to be. His greatest pride was to serve in the development of American vegetable remedies. His sincerest hope was to see America professionally independent of the rest of the world.

TRIBUTE OF DR. CHARLES RICE. This is what Dr. Charles Rice, Chairman for thirty years of the Committee on Revision of the Pharmacopeia of the United States, said of Dr. John King and his great work, the **American Dispensatory:**

"It constitutes a precious encyclopedia of medical American plants, and their therapeutical uses. It is a very useful work for reference. Its author is as fine a botanist as a judicial observer of therapeutical effects." ***Translation from the French of Dr. Charles Rice's "Note sur Certains Medicaments Vegetaux Americains".***

WHEN DR. KING SPOKE. The voice of Dr. King in behalf of a remedy, was no idle word. In the maturity of his experience he used Echinacea in his own family, then in his practice, and when he had thoroughly tested the remedy, he gave to the profession his opinion of the drug.

A PREDICTION. Twenty years ago, it was said of Echinacea, **"Await the voice of time.** If Echinacea stands the test of experience, it will live. If it is inadequate, it will die". Has "Time" spoken?

THE REPLY. The most popular American drug today, (1915), as shown by the orders we have received from pharmacists for true pharmaceutical preparations of any American drug, (not compounds or mixtures named after the drug), for the exclusive use of physicians, is Echinacea.

ECHINACEA TODAY. Our Winter Bulletin, 1915, pages 11 to 13, presents reports from pharmacologists, conflicting with those from practicing physicians, concerning the therapeutic use of Echinacea. That the laboratory standardizers are correct (see page 13), in that Echinacea is not toxic and will not kill any creature, will be generally conceded. That practicing physicians are not capable of judging of the value of the remedies they use in their practice will be universally resisted.

WHAT OF THE FUTURE? Physiological investigators will probably never be able to produce death by the use of any ordinary Echinacea dose. Chemists will probably continue to find Echinacea elusive, so far as the discovery or elaboration of any toxic constituent is concerned. And American physicians who use Echinacea will probably continue to employ and commend it, as they have in the past.

LLOYD BROTHERS, CINCINNATI, OHIO.

October, 1915.

CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to April 1, 1915, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Med. Journal, 5255 Page Ave., St. Louis, Mo.	$1.00	$ .90
California Eclectic Med. Journal, 819 Security Bldg., Los Angeles	1.00	.90
Eclectic Medical Journal, 630 W. 6th., Cincinnati, Ohio	2.00	1.80
Eclectic Medical Review, 242 W. 73rd St., New York, N. Y.	1.00	.90
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.	1.00	.90
National E. M. A. Quarterly, 630 W. 6th, Cincinnati, Ohio	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr.	1.00	.90

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent discount allowed on an order for two or more, including this Journal.

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